

DEBT COLLECTION / FINANCIAL ASSISTANCE REPORT

Hospital Name: Holy Cross Germantown Hospital
 Hospital Number: 210065

Period FY21

	<u>Column 1</u>	<u>Column 2</u>	<u>Column 3</u>	<u>Column 4</u>	<u>Column 5</u>	<u>Column 6</u>	<u>Column 7</u>	<u>Column 8</u>	<u>Column 9</u>	<u>Column 10</u>	
<u>CREDIT & COLLECTION</u>											
	Collection Agency Name										
(1)	JP Recovery Services (JPRS)										
(2)	First Credit										
(3)	Parallon (TOG)										
(4)											
(5)											
(6)	Number of liens	0									
(7)	Number of Extended Payments Plans	0									
<u>FINANCIAL ASSISTANCE</u>											
(8)	Total Number of Patients Who Completed a Financial Assistance Application	378									
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application	66									
(10)	Total Number of patients Who Received Free Care	312									
(11)	Total Number of patients Who Received Reduced-Cost Care	55									
			<u>Spanish or Hispanic</u>	<u>White</u>	<u>Black or African American</u>	<u>American Indian or Alaska Native</u>	<u>Asian</u>	<u>Native Hawaiian or Other Pacific Islander</u>	<u>Other</u>	<u>Declined to Answer</u>	<u>Unknown or Cannot be Determined</u>
(12)	Number of Patients Who Received Financial Assistance by Race or Ethnicity	367	317	8	20	0	3	0	19	0	0
(13)	Number of Male or Male Gender Identity Patients Who Received Financial Assistance	87	68	2	6	0	2	0	9	0	0
(14)	Number of Female or Female Gender Identity Patients Who Received Financial Assistance	280	249	6	14	0	1	0	10	0	0
(15)	Number of Patients Who Do Not Identify by Gender Who Received Financial Assistance	0	0	0	0	0	0	0	0	0	0
(16)	Number of Patients Who Were Denied Financial Assistance by Race or Ethnicity	98	51	8	15	1	13	0	9	0	1
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Financial Assistance	30	11	1	7	0	6	0	4	0	1
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Financial Assistance	68	40	7	8	1	7	0	5	0	0
(19)	Number of Patients Who Do Not Identify by Gender Who Were Denied Financial Assistance	0	0	0	0	0	0	0	0	0	0
(20)	Total Amount of Charges for Hospital Services Provided to Patients Who Received Free Care	\$ 1,582,913									
(21)	Total Amount of Charges for Hospital Services Provided to Patients Who Received Reduced-Cost Care Whether Covered by Financial Assistance or Billed to the Patient	\$ 478,580									